



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

*INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.*

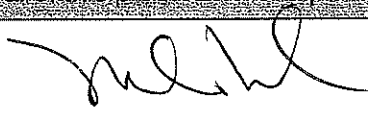
PART I: OVERVIEW				
Department Office/Division/Program:		Marine Resources/ Commissioner's Office		
Department Contract Administrator or Grant Coordinator:		Meredith Mendelson / Marjorie Morissette		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 7,899.20	Advantage <u>CT</u> / RQS #:	13A 20220328000000002230
CONTRACT	Proposed Start Date:	3/28/2022	Proposed End Date:	7/1/2022
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Maine Technology Institute 8 Venture Avenue Brunswick, ME 04011		
Brief Description of Goods/Services/Grant:		Administration of federal funding amending due to higher than anticipated costs		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	DMR, the Recipient of federal funds under the American Rescue Plan Act, has requested that MTI provide support services to develop and implement an application and evaluation process consistent with the provisions of this Agreement in order to expedite distribution of funds to qualified wholesale seafood dealer and processor applicants.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	MTI's extensive experience with administration of innovation funding programs, marine and aquaculture domain knowledge, and recent administration of the Forest Recovery Initiative which our program will be closely modeled after, enables MTI to best administer this program.
3. Explain how the negotiated costs or rates are fair and reasonable, or how the funding was allocated to grantee.	MTI's statutory authority requires that awardees match funding on a 1:1 basis. This approved program does not require matching funds therefore this will not be a requirement from award recipients. DMR has requested that MTI depart from MTI's state funding program matching requirements in light of the extraordinary economic challenges faced by the marine sector that the ARPA program funds are designed to address. The actual costs of support work were higher due to additional follow up required that had not initially been anticipated.
4. Describe the plan for future competition for the goods or services.	This is one time funding

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input checked="" type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> No – If No, proceed to Part V.	

PART V: APPROVALS		
The signatures below indicate approval of this procurement request.		
Signature of requesting Department's Commissioner (or designee)		
Typed Name:	Meredith Mendelson, Deputy Commissioner	Date: 8/15/22

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Signature of DAFS Procurement Official	DocuSigned by: <i>Kathy Paquette</i> 41C2BA36FAF44CD...		
Typed Name	Kathy Paquette	Date	8/29/2022